

**OFFICIAL ABSENTEE BALLOTING MATERIAL**

U.S. GOV. GENEAL VERIFICATION

Type of Election — Check One

First Primary

Second Primary

General or Special

Party designation if any

Affidavit of Voter to be  
made on back of  
this envelope

TO:



MARK BALLOT IN INK OR INDELIBLE PENCIL  
 ABSENTEE BALLOT FOR VOTERS  
 APPEARING BEFORE THE CLERK  
 CHAPTER 528 - LAWS OF 2008  
 VOTER'S AFFIDAVIT

Accepted _____
Rejected _____
Pollworker use only _____

STATE OF \_\_\_\_\_

COUNTY AND MUNICIPALITY \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear that this envelope contains the ballot marked by me indicating my choice of the candidates or propositions to be submitted at the election to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I hereby authorize the registrar to place this envelope in the ballot box on my behalf, and I further authorize the election manager's to open this envelope and place my ballot among the other ballots cast before such ballots are counted, and record my name on the poll list as if I were present in person and voted.

I further swear that I marked the enclosed ballot in secret.

\_\_\_\_\_  
 Signature of Voter

**YOUR VOTE WILL BE REJECTED AND NOT COUNTED IF THIS ENVELOPE IS NOT SIGNED ACROSS THE FLAP OF THIS ENVELOPE BY YOU AND AN ATTESTING WITNESS.**

SWORN TO AND SUBSCRIBED before me, \_\_\_\_\_

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Registrar) \_\_\_\_\_

**CERTIFICATE OF PERSON PROVIDING VOTER ASSISTANCE**

(TO BE COMPLETED ONLY IF THE VOTER HAS RECEIVED ASSISTANCE IN MARKING THE ENCLOSED BALLOT) I hereby certify that the above named voter declared to me that he or she is blind, temporarily or permanently physically disabled, or cannot read or write, and that the voter requested that I assist the voter in marking the enclosed absentee ballot. I hereby certify that the ballot preferences on the enclosed ballot are those communicated by the voter to me, and that I have marked the enclosed ballot in accordance with the voter's instructions.

\_\_\_\_\_  
 Signature of person providing assistance      Printed name of person providing assistance

\_\_\_\_\_  
 Address of person providing assistance

\_\_\_\_\_  
 Date and time assistance provided      Family relationship to voter (if any)

**Notice To Absent Elector:** Ballots personally cast in the registrar's office must be cast not later than 12:00 noon on the Saturday immediately preceding elections held on Tuesday, the Thursday immediately preceding elections held on Saturday, or the second day immediately preceding the date of elections held on other days.